

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066671 (5)

1. Corporation Name
VIZCAYA GROUP, INC.

Principal Place of Business
8536 LAKE VISTA CT. SUITE 6310
ORLANDO FL 32821

Mailing Address
8536 LAKE VISTA CT. SUITE 6310
ORLANDO FL 32821

APPROVED
AND
FILED

1997 AUG 18 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 FLORIDA	26 P.O. BOX 149852
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1207 E. CENTRAL BLVD #3	27
City & State	City & State
23 ORLANDO	28 ORLANDO, FL
Zip	Zip
24 32801	29 32814
Country	Country
25 ORANGE	30 ORANGE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/28/1995	08/01/1996
4. FEI Number	Applied For
59-3336361	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OWENS, LYNNE E 8536 LAKE VISTA CT, SUITE 6310 ORLANDO FL 32821	81 Name LYNNE E. OWENS 82 Street Address (P.O. Box Number is Not Acceptable) 1207 E. CENTRAL BLVD. SUITE 3 83 84 City ORLANDO FL 85 Zip Code 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* 8/14/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITZ, ROBERT J	1.2 NAME	ROBERT J SEITZ
STREET ADDRESS	8548 LAKE VISTA CT, SUITE 7101	1.3 STREET ADDRESS	1207 E. CENTRAL BLVD, #3
CITY-ST-ZIP	ORLANDO FL 32821	1.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, LYNNE E	2.2 NAME	LYNNE E. OWENS
STREET ADDRESS	8536 LAKE VISTA CT, SUITE 6310	2.3 STREET ADDRESS	1207 E. CENTRAL BLVD #3
CITY-ST-ZIP	ORLANDO FL 32821	2.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	600002271546-4
NAME		4.2 NAME	-08/19/97-040750-016
STREET ADDRESS		4.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

CR2E034 (4/97)

(2)

Vizcaya Group, Inc.
P.O.Box 149850
Orlando, Fl. 32814

August 14, 1997

Re: Division of Corporations
Annual Report

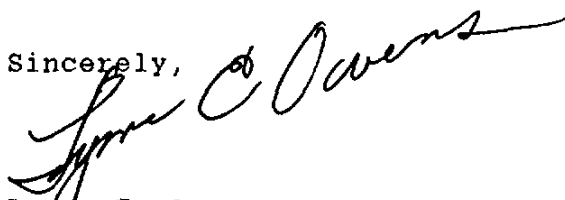
Dear Secretary of State;

As per my telephone call to your office today I am writing this letter to inform you that we did not receive the first notice to file our corporation report.

We had been in the State of Wisconsin during the months of February and March and the report was not received by us before we left or on our return. We spent the months of June and July also in Wisconsin.

We have established a new P.O. Box keep our mail up to date. I am enclosing a check for one hundred sixty five dollars as I was instructed by one of your employees. I hope that this will keep our corporation open. Our mail should be received without a problem from now on.

Sincerely,



Lynne E. Owens
President/Ceo